

☐ Amended☐ with Special Administration

Case No. _____

1. The decedent, whose date of birth was _____, and date of death was _____, died domiciled in _____ County, State of _____, with a post office address of: _____.
2. The petitioner is interested as _____.
3. The estate of the decedent:
☐ qualifies for summary assignment without appointment of a personal representative.
☐ commenced under chapter 856, meets the requirements for termination under summary assignment of small estates.
4. The estate is one properly settled under summary assignment in that the estate, less the amount of the debts for which any property in the estate is security, does not exceed \$50,000 in value and cannot be summarily settled under §867.01, Wis. Stat.
5. After reasonable search:
☐ A. a will dated _____ has been filed or accompanies this petition.
☐ B. no will of the decedent has been found.
6. A detailed statement of all property subject to administration including any encumbrance, lien, or other charge upon each is as follows: ☐ See attached

Description of Property	Value of Decedent's Interest at Date of Death
A. <u>Property Subject to Administration</u>	\$
B. <u>Encumbrances, liens or other charges upon each item:</u>	(\$)
C. <u>Net value of Property Subject to Administration</u> (Total value from Section A above less total from Section B above)	\$

7. The names and addresses of all creditors of the decedent or the decedent's estate of whom the petitioner has knowledge and the amounts of their claims are as follows:

Name of Creditor	Address	Claim Amount

8. The names and post-office addresses of all persons interested, so far as known to petitioner or ascertainable by the petitioner with reasonable diligence are as follows (indicate persons who are minors or otherwise under disability, and names and post-office addresses of their guardians):

Name	Relationship	Address	Minor's D. O. B.

9. The decedent:

- ☐ did ☐ did not receive Medical Assistance/Medicaid.
☐ did ☐ did not receive Family Care and/or Partnership benefits (through a Managed Care Organization – MCO/CMO).
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from Wisconsin Chronic Disease Program.
☐ was ☐ was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county.

Explain: _____

10. If the decedent was ever married, complete the following: ☐ If more than one spouse, **see attached**.

Name of spouse (☐ living or ☐ deceased): _____.

☐ Married to decedent ☐ Divorced from decedent at time of decedent's death.

The spouse ☐ did ☐ did not receive benefits from the Community Options Program (COP).

The spouse ☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.

- ☐ 11. It is necessary to appoint a special administrator with the following powers:

BASED UPON THESE STATEMENTS, I REQUEST THAT THE COURT:

1. Assign the property to the persons entitled to it.
2. Order any person indebted to or holding money or other property of the decedent to pay the indebtedness or deliver the property to the persons found to be entitled to receive it.
3. Order the transfer of interests in real estate, stocks or bonds registered in the name of the decedent, the title of a licensed motor vehicle, or any other form of property.
4. Order termination of any life estate.
5. Certify the right of survivorship of any joint tenant for which a certificate has not been issued.
6. Certify that any interest of the decedent in survivorship marital property vested in the surviving spouse at death.
- ☐ 7. Order termination of any estate commenced under Chapter 856, discharge the personal representative and cancel any bond.
- ☐ 8. Appoint (name) _____, whose address is _____ as special administrator with the powers requested.

Subscribed and sworn to before me

on _____

Signature of Petitioner_____
Notary Public/Court Official_____
Name Printed or Typed

My commission expires: _____

Address_____
Telephone Number

Name of Attorney	
Address	
Telephone Number	Bar Number